

Judge or Division:

## IN THE \_\_\_\_\_, MISSOURI

Case Number:

		Court ORI Number:			
Petitioner:		MSHP Number:			
		Responsible Law Er	forcement ORI:		
	VS.	Related Cases:		(Date File Stamp)	
Respondent:		Respondent's Home	Address:		
Alias/Nicknames:					
Alias/Nickriairies.		Home Phone Number	er.		
Respondent's DOB:		Respondent's Work Address:			
SSN (if known, last four digits):					
Race:	Sex:□F□M	Sex: DF DM Work Phone Number:			
Nace.	OCX.	Work Hours:			
			ioner's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) 922(g)(8) determination:		
		☐ Spouse ☐ Child(ren) in common			
		Former spouse Intimate residing/resided together			
		☐ Are/were in a continuing social relationship of a romantic/intimate nature			
		Related by blood. Define relationship:			
		Related by marriage. Define relationship:			
		Residing/resided together; no intimacy			
		•	Stalking/Sexual Assault. Define relationship:		
Affidavit of Changes in Circumstance and					
Motion to Modify Judgment Entry Full Order of Protection - Adult					
A Judgment of the Full Order of Protection - Adult was entered in County, Missouri, on					
(date).					
A change has occurred in the circumstances of the petitioner, respondent or child(ren) and the modification is necessary to serve the best interests of the parties. Below are the specific facts, including dates and times, which  petitioner respondent believes forms grounds for modification of the court's judgment:					
I request that the court find grounds for modification of: (check the box that applies)  ☐ Installments of maintenance or support. ☐ Custody. ☐ Visitation. ☐ Other (specify): ☐ Other (specify):					
The specific modification that I am requesting is:					
I swear /affirm under penalty of perjury that these facts are true according to my best knowledge and belief.					
Date			Your Signature		
<b>NOTICE</b> : Section 455.030.3, RSMo, provides that a Petitioner seeking protection under the Domestic Violenc Act is not required to reveal any current address or place residence on this motion. <b>Do not provide this informati if doing so will endanger you.</b>		Your Street Address			
		of City	State	Zip	
			Your Telephone Number		
In witness thereof:					
iii withess thereor.					
Date	· · · · · · · · · · · · · · · · · · ·	Clerk Witnessing Signature			
(O 1)	Subscribed and sworn to before me on			(date).	
(Seal)	My commission expires				
		Date		Notary Public	
Directions for Completing This affidavit must be completed and signature witnessed by a court clerk or notary before filing it with the court.					